

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814



November 18, 1983

To: All County Welfare Directors

Letter No. 83-75

## SOCIAL SECURITY ACCOUNT NUMBER (SSAN) VALIDATION PROCESS

Enclosed for your review and comment is a draft copy of the SSAN Validation/Referral procedures. The Department has discussed the new Validation/Referral procedures with the County Welfare Directors Association, Medical Care Committee on numerous occasions and has been sharing the progress of this project with that Committee.

The enclosed procedures were developed based upon all counties processing eligibility information via the Medi-Cal Eligibility Data System (MEDS) by the end of December 1983. The State has also developed procedures for non-MEDS counties. Should your county not be fully operational on MEDS by the end of December, notify us immediately so that we may transmit the appropriate procedures to your county.

In addition, a questionnaire (Attachment I) is enclosed for counties to indicate whether they wish to receive SSAN validation results via tape or paper listings.

Several EDP counties have requested that they receive the unvalidated SSAN information via tape rather than paper listings. Also, several requests have been made to receive information on those SSANs which were validated.

Based upon information received from the Social Security Administration (SSA) 88.2 percent of the SSANs submitted by the state were validated. Because of the large number of SSANs validated and the cost of supplying this information to counties, the Department has established the following criteria in order for counties to receive the validated information.

Counties Choosing to Receive "Validated" SSAN Information

1. Counties with EDP systems must receive validated SSAN information via tape.
2. Counties without EDP systems will receive validated SSAN information via paper.

The record layout for both tape and paper for validated SSANs is included as Appendix C.

EDP Counties Choosing to Receive "Unvalidated" SSAN Information Via Tape

Counties choosing the option of receiving SSAN unvalidated information on tape will receive that information in the format as described in Appendix C.

November 18, 1983

Counties Receiving "Unvalidated" SSAN Information Via Paper Listings

Unvalidated SSAN information for those EDP counties choosing paper transmittal or those non EDP counties who must receive paper documentation will be in the format indicated on Appendix D.

We request that you complete the questionnaire (Attachment I) and return it to the address specified no later than December 5, 1983.

In reviewing the draft letter, we request that you take special note of the procedures on Matching Criteria for the Referral Process, items 4 and 5. It is proposed that the Department will change the MEDS ID on the MEDS data base to reflect the SSAN reported by SSA. The Department will notify counties of the MEDS ID changes. If you do not support the planned state action as indicated in each match criteria, please contact us.

Any questions or comments regarding the draft procedures or method of receiving SSAN validation information should be directed to Karla Gurley or Jenny Juarez at (916) 322-3394 or 445-1969 respectively, by December 5, 1983.

We thank you in advance for your cooperation in the SSAN validation effort.

Sincerely,

ORIGINAL SIGNED BY

Caroline Cabias, Chief  
Eligibility Branch

Attachments

cc: Medi-Cal Liaisons

Medi-Cal Program Consultants

SSAN VALIDATION

COUNTY:

CONTACT PERSON:

TELEPHONE NUMBER:

EDP COUNTIES

NONEDP COUNTIES

o Do you wish to receive unvalidated  
SSANS on tape?

Yes ☐ (Will  
receive  
tape)

No ☐ (Will receive  
paper)

o Do you wish to receive a  
paper listing of validated  
SSANS?

Yes ☐ (Will  
receive  
paper)

No ☐ (Will  
receive  
nothing)

o Do you wish to receive validated  
SSANS?

Yes ☐ (Will  
receive  
tape)

No ☐ (Will receive  
nothing)

RETURN THIS FORM TO:

Department of Health Services  
Eligibility Branch  
714 P Street, Room 1692  
Sacramento, CA 95814  
Attention: Jenny Juarez

## SOCIAL SECURITY ACCOUNT NUMBER (SSAN) VALIDATION SYSTEM

Background

In July 1981, the Department of Health Services (DHS) and the Department of Social Services (DSS) implemented the first phase of what was to be an ongoing SSAN validation process. This process was to verify the validity of recipient reported SSANs. The SSAN is used as a unique identifier in the Medi-Cal Eligibility Data System (MEDS) and for verifying earnings of individuals in receipt of Medi-Cal and cash benefits.

There are two SSAN validation methods that will be used by DHS. The State Validation process, which occurs every six months, and the Referral Process which results in a monthly tape that is submitted by the Social Security Administration (SSA) to DHS. This Referral Process is a result of the Social Security Administration Referral Notice (MC 194) that is completed by the county welfare departments. An example of this would be: DHS was not able to obtain a match during the State Validation process, and the county was not able to resolve the discrepancy through a review of the recipient's case file, therefore, the recipient was required to take an MC 194 to the appropriate local Social Security office in order to resolve the discrepant SSAN. Both of these methods may be used to validate a recipient's SSAN.

In the initial validation process (July 1981), counties were sent reports of those current eligibles whose SSAN was not validated by the SSA. Procedures

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were established for counties to resolve the SSAN discrepancies and a referral process was developed between the counties and the local SSA district offices.

As a result of this referral process, DHS receives monthly tapes from SSA which indicate the validation results of the referred cases. Those SSANs which were validated by SSA will be posted to the MEDS database. Those SSANs which were not validated were sent the SSA in our September 1983 validation process.

#### Current Process

On September 12, 1983, the Department created computer files of SSANs which had not been validated and sent them to SSA for validation. The files contained records for all individuals known to MEDS regardless of eligibility and all SSI/SSP individuals regardless of eligibility. It is anticipated that these files will be returned to the State in November 1983 and notification of results to the counties in January 1984. Subsequently, semi-annually, the Department will ask SSA to validate the SSANs and DHS will send computer files to SSA of all Medi-Cal and AFDC recipients whose SSAN have not yet been validated. On a monthly basis, the Department will process the SSA referral files. In both situations, counties will be informed of those SSANs which were not validated for active records and DHS will annotate its record to reflect those SSANs that have been validated.

Enclosed are the procedures that describe the SSAN Validation and Referral Process. These procedures describe the background, systems, referral, sight

verification and validation processes which must be accomplished to ensure that SSANs for Medi-Cal and AFDC recipients are correct.

As described in the enclosed procedures, notification will be submitted to county welfare departments. Notification will include SSAN discrepancies for Medi-Cal and AFDC recipients. The enclosed procedures will be incorporated in the Medi-Cal Eligibility Manual Procedures Section within the next three months.

If you have any questions regarding the SSAN validation procedures as it relates to Medi-Cal recipients, please contact Karla Gurley or Jenny Juarez, Eligibility Branch, (916) 322-3394 or (916) 445-1969 respectively. If you have any questions related to SSAN Validation for AFDC recipients, please contact Bob Johnson, AFDC Corrective Action Bureau at (916) 324-2000. Any questions regarding Medi-Cal funding please contact your DHS County Administrative Expense Unit Analyst.

SOCIAL SECURITY NUMBER  
VALIDATION REFERRAL PROCESS

DRAFT

STATE DEPARTMENT OF HEALTH SERVICES

DATE: NOVEMBER 1983

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INTRODUCTION

The Department of Health Services (DHS) in cooperation with the Department of Social Services (DSS) has developed a process of validating Social Security Account Numbers (SSANs) to ensure their accuracy for Medi-Cal and AFDC recipients. The development of this process is necessary for the following reasons:

1. The SSAN is used as the primary identifier in the Medi-Cal Eligibility Data System (MEDS). MEDS, which includes Aid to Families with Dependent Children (AFDC) recipients, will replace the current Central Issuance Division (CID). MEDS is an on-line data system, completing a network of eligibility data exchange between the county welfare departments (CWDs) and DHS. The eligibility information is used to coordinate and administer the Medi-Cal program.

MEDS will use the SSAN to detect and to prevent duplication of Medi-Cal cards being issued to a recipient and will enable DHS to maintain accurate claims payment history.

2. The use of the SSAN as the primary identifier enables both Departments (DHS and DSS) to obtain recipient income information from the Employment Development Department (Earnings Clearance, Unemployment Insurance, Disability Insurance) and benefit amount information from the Social Security Administration (SSA) (BENDEX). This information is used to detect and process overpayment and fraud cases.

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Regulatory BackgroundMedi-Cal Recipients

Regulations which were effective May 9, 1980 require counties to sight verify each Medi-Cal-only recipients SSAN (Title 22, California Administrative Code (CAC), Section 50168). Medi-Cal regulations (Title 22, CAC, Section 50187(e)(f) also require CWDs to assist the Medi-Cal-only recipient in obtaining or validating an SSAN. If the recipient fails, without good cause, to cooperate in the validation effort within 60 days of notification from the CWD, Medi-Cal eligibility shall be discontinued.

AFDC Cash Recipients

The DSS regulations which were effective June 1, 1983, require sight verification and validation of SSANs for AFDC cash recipients. The regulations also require CWD's to assist the AFDC cash recipient in obtaining or validating an SSAN. If the recipient fails to cooperate, aid shall be denied or discontinued only for the member(s) of the Family Budget Unit whose SSAN is in question. (EAS 40-105.27)

Through an agreement with SSA, DHS will attempt to identify any errors in the County's/State records and make corrections to these records so that the data will match with SSA. If a discrepancy is identified between State/County and SSA records, a referral will be made via the county to the

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local SSA district office. SSA has agreed to process these referrals, to review and correct any erroneous information in its records, and to provide DHS with a copy of the originally assigned or verified SSAN for each referral processed. DHS will annotate its record to reflect those SSANs that have been validated.

A description of the SSAN Validation process and county procedures follows.

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SYSTEM DESCRIPTIONA. State Validation Submittals

1. Every six months, DHS will prepare a computer tape of all Medi-Cal and AFDC cash recipients whose SSAN has not yet been validated and request that SSA validate these SSANs.
2. Each record shall contain the recipient's name, SSAN, date of birth, sex and the welfare identification number.
3. SSA will compare the data from each record submitted by the State with current SSA records and either indicate a match or no match.
4. If the state record matches the SSA record, the MEDS data base SSN Validation field will be coded as "validated".
5. The State will notify counties of the SSANs which were not validated by SSA. Counties who choose, may also be notified of those SSANs that did validate.
6. The counties will attempt to obtain correct SSAN information and submit the corrections to DHS through their normal MEDS processing channels. DHS will process all corrections submitted by the counties and update the state records. These corrected records will be included in the next State Validation file sent to

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SSA in an attempt to validate the SSANs based upon the information submitted by the counties.

B. SSA District Office Referrals

The following information describes when the CWD should refer a recipient to the local Social Security office.

1. A recipient is referred by a CWD to an SSA district office to either (1) obtain an SSAN, (2) obtain a duplicate SSAN card, or (3) correct information in the SSA's record. (See page 11 item 4 for completion of the referral form.)

As a result of this referral, DHS receives a monthly computer tape from SSA listing the current beneficiary SSAN record. Each record contains the recipient's name, SSAN, (newly assigned or validated as a result of the referral) sex, date of birth and welfare identification number.

2. DHS will compare this information with its record. If they agree, the SSAN will be coded as "validated".
3. Each month, DHS will notify counties of those records which do not validate. (See Appendix A).

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COUNTY PROCEDURES

A. Sight Verification

1. SSANs for all Medi-Cal and AFDC cash recipients shall be verified by viewing SSAN cards, an award letter, a check from SSA, or a Medicare card showing the recipient's name and SSAN with the letters A, HA, J, M, or T following the SSAN (Title 22, CAC, Section 50168. (EAS 40-107.71)
2. Counties shall maintain a copy of this documentation in the case folder.
3. If any recipient does not have either an SSAN or the proper verifying documentation, counties shall refer the individual(s) to SSA as described in "SSA District Office Referral Process" procedures (see Section C, page 9).

B. Validation -- Process

Every six months SSA will be asked to validate the SSANs and DHS will prepare a computer tape of all Medi-Cal and AFDC recipients whose SSAN have not yet been validated. SSA will compare the data submitted by the State with current SSA data and return a response tape to DHS. DHS subsequently will prepare notification to each CWD identifying those recipients whose SSAN was not validated. While it is suggested that CWDs resolve the unvalidated SSANs as soon as possible, this process may be accomplished at redetermination for both Medi-Cal and AFDC

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individuals. However, counties must cooperate in resolving SSAN conflicts which prevent the reporting of an individual's SSAN to MEDS. These particular conflicts shall be resolved within 30 days upon notification to the county. In resolving unvalidated SSANs the counties will:

1. Compare the unvalidated data with the case record data to determine if errors were made in forwarding information to the State. Before contacting the recipient, the county should check for:
  - a. Incorrect SSAN (i.e, SSAN belongs to another family member).
  - b. Transposition of a number in the SSAN.
  - c. Incorrect digit(s) in the SSAN.
  - d. Incorrect spelling of the first name and/or last name, use of maiden name instead of married name, use of nickname, or the use of two surnames for any of the children.
  - e. Incorrect sex and/or birth date.
2. If the county finds errors in either the county or state record, the county should submit corrected information to DHS through their normal MEDS processing channels.

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3. If no errors are found in the case record, the county should contact the recipient to obtain/verify the information. During the recipient contact (by telephone or in person) the county should:
  - a. Use the sight verification procedure as outlined in Section A (if contact is in person) to compare the listed SSAN and name with the original document used to verify the SSAN and name provided by the recipient.
  - b. Determine by questioning the recipient if he or she used another name when applying at SSA for an SSAN. Be alert to the possibility that the individual may have made up a number, used someone else's SSAN, or that he or she may be using more than one number. (MEDS will automatically detect someone receiving aid in two or more counties using the same SSAN, but MEDS will not detect the same person using two different numbers and the same name or two different numbers and two names.) Fraud referrals should be made when appropriate.
  - c. Ask for additional date of birth verification to compare with the month and year shown on the report.

The SSA/DHS data match compares SSAN, first six letters of the surname, first letter of first name, sex, year and month of birth, in that order. When SSA notifies DHS of those SSANs which were not validated, the specific data element that caused the mismatch is not



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identified. Therefore, counties should continue to check data elements after discovering one inaccuracy. Checking all data elements will help prevent the same persons from appearing again on an unvalidated SSAN report.

All corrections will be processed by DHS to update the State's record through the MEDS normal eligibility update process. These records will be included in the next state validation file submittal to SSA. If the record returns as "validated", the state files will be updated accordingly. If the record returns as "unvalidated", it will appear on the unvalidated SSAN report and be forwarded to the county for further processing. Since CWDs may resolve validation discrepancies at redetermination, a flag will be placed in the MEDS file so that the same case is not sent to the counties within one year.

4. If the recipient indicates that the county had the correct information, the county must then refer the recipient to the local Social Security office, as described under the heading, "SSA District Office Referral Process" which follows.

C. Instructions for the SSA District Office Referral Process  
(MC 194 Referral Process)

1. When to Use the SSA Referral Process

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If the case review and/or the beneficiary verifies that the county/State has the correct information, or if the county cannot sight verify a recipient's SSAN, or if the recipient does not have an SSAN, the county should refer the person to the local SSA office using the form MC 194 "Social Security Administration Referral Notice." (See Appendix B).

2. SSA Referral Notice (MC 194)

The MC 194 has been developed specifically to be used to refer a recipient to the local SSA district office. The MC 194 can be used to request that SSA correct any SSAN data discrepancies relating to the recipient, to request a duplicate SSAN card, or to request an original SSAN. The MC 194 also verifies that the recipient has met his obligation of going to SSA. To document compliance with this requirement, SSA will either return the completed MC 194 form to the recipient or mail it back to the county, depending on the method the county specifies on the form.

The MC 194 is stocked in the state warehouse and counties may order the form in the same manner that they request other Medi-Cal and AFDC forms.

3. When SSA indicates on form MC 194 that the recipient being referred has completed an SSAN application and that the application is being

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processed (MC 194, Item C, 1), either of the following may apply:

(1) the recipient's present SSAN is still valid, however, SSA's record will have to be updated to reflect a change, or (2) an original SSAN will have to be issued. Because SSA may have to issue an original SSAN, counties should inform the recipients being referred to SSA to take identification, proof of citizenship, or lawful admission and age documents as listed on the back of the MC 194, even though they may already have an SSAN, or (3) the recipient has been using the wrong SSAN and SSA will issue a duplicate card with the correct SSAN.

#### 4. Preparation of MC 194

Complete an MC 194 form for each individual being referred to SSA.

Complete Section I as described below. SSA has been instructed to return to the county any form not properly completed. Do not refer a recipient to SSA without a completed MC 194. Retain the original for your records; give the copy (second copy) to the recipient being referred to SSA.

Complete Section I in the following manner:

- o Part I, A -- Use district stamp to enter the referring office address or print address clearly.

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o- Part I, B -- Enter the name, address, and telephone number of the SSA office closest to the recipient's home. (Check recipient's address to determine.)

o Part I, D --

- a. Enter name of recipient being referred to SSA as it appears in the case record.
- b. Enter birth date exactly as it appears in the case record.
- c. Enter recipient's sex.
- d. Enter recipient's Welfare identification number. Enter full 14-digit number (2-digit county number, 2-digit aid code, 7-digit serial number (preceded with zero(s) if there are less than seven numbers), 1-digit FBU, and 2-digit person number). Do not refer the recipient to SSA unless the recipient has been assigned a complete Welfare ID number. Example of 14-digit number: 02-84-0000179-1-01.
- e. Enter case name.

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o Part I, E --

- a. Enter name of the EW, initials, telephone number, and the date the form was completed.
- b. Check the method of return you wish SSA to follow.

5. Use of the 14-Digit Welfare Identification Number on the MC 194

You will note that the "Original" of the MC 194, which the county retains, has 14 boxes in the "Recipient's Case Number" field (Section I.D). All 14 digits are to be entered. However, you will notice that the "copy" (second page) that is delivered to SSA has the fourth (4th) box blanked out. This means that SSA will pass on a 13-digit Medi-Cal number in processing the referral.

The reason for the 13-digit number is that SSA's county ID field on their computer tapes consists of only 13 digits. If counties report a 14-digit number, SSA automatically deletes the last digit (second digit of person's number) on their return files thus making it difficult for MEDS to cross-match the data for a particular individual. The second copy of the MC 194 provides SSA with the 13-digit county identification which will be used to cross-match with the county case identification numbers on MEDS.

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DHS will receive monthly tapes from SSA indicating the current information SSA has on their files for individuals referred to SSA by the county. DHS will attempt to match this information with the state record using this 13-digit identification number. Therefore, it is imperative that counties use only the referral form (MC 194) and that you send the "copy" (second page) of this form to SSA to ensure that the proper 13-digit recipient ID number gets passed along in the process. Do not refer the recipient to SSA unless the recipient has been assigned a complete welfare ID number.

D. Referral Process Reports Description -- Unvalidated SSAN Reports

As a result of recipients being referred to SSA, via the MC 194 process, SSA will attempt to match information, supplied by the recipient, on the SS5, with the name, sex and birthdate on SSA's current record.

In addition to matching on the name, sex and birthdate, SSA will also match against the recipient's mother's maiden name, fathers given name and the recipients birthplace. DHS will compare the name, sex and birthdate information against the MEDS record. If the SSAN is not validated, the county will receive a worker alert indicating the discrepancies. (See Appendix A.)

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The following information describes the match criteria used in the referral process. This information describes when a record is considered validated, or validated with discrepancies. In the last instance the county will be notified of the discrepancy.

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## MATCHING CRITERIA FOR THE REFERRAL PROCESS

1. County Identification Number (Co. ID) (13 Digits)
2. Social Security Account Number (SSAN)
3. Name (Exact or first 6 letters of surname, first letter of first name)
4. Date of Birth (Exact Match)
5. Year of Birth (Within a Range of + or - 2 Years when Day and Month Match)
6. County Identification Number (last six digits of Serial Number)

NOTE: When we validate a record we will also compare the sex code submitted by SSA with MEDS. If there is a discrepancy the county will be issued an alert and the SSAN verification field will reflect the fact there is a difference in the sex codes reported.

If items 1 through 4 match, MEDS will update the SSAN verification field with a value of . (See Appendix A2.4, page 152 of the MEDS User Manual.)

The following information itemizes the different combinations of conditions that can be considered validated and a description of what action will be applied to each condition.



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SSAN REFERRAL  
County Recipients

Condition	DHS Action
<p>1.   o   County ID matches MEDS.</p> <p>      o   SSAN matches MEDS.</p> <p>      o   Name (Exact or first 6 letters of last name and first letter of first name) match.</p> <p>      o   Year of birth within range (+ or - 2 years when day and month match.)</p> <p>      o   i.e., All criteria matches except exact match on date of birth.</p>	<p>1.   (a) Update the SSAN verification field with a value of .*</p> <p>      (b) Create SSA name on X-ref file.</p> <p>      (c) Update the DOB on the SSA Name</p> <p>      (d) Provide county welfare department with listing which would indicate "Validated with Discrepancies".</p>
<p>2.   o   County ID matches MEDS.</p> <p>      o   SSAN matches MEDS.</p> <p>      o   Year of birth within range (+ or - 2 years when day and month match.)</p> <p>      o   i.e., All criteria matches except name.</p>	<p>2.   (a) Update the SSAN verification field with a value of .</p> <p>      (b) Create SSA name on x-ref file.</p> <p>      (c) Provide county welfare department with listing which indicates "Validated with Discrepancies".</p>

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## SSAN REFERRAL

## County Recipients

Condition	DHS Action
<p>3.   o   County ID matches MEDS.</p> <p>      o   SSAN matches MEDS.</p> <p>      o   Year of birth within range           (+ or - 2 years when day and           month match.)</p> <p>      o   i.e., All criteria matches           except exact match on date of           birth.</p> <p>4.   o   County ID number matches MEDS.</p> <p>      o   Name (Exact or first 6 letters           of last name and first           letter of first name) match.</p> <p>      o   Year of birth within range           (+ or - 2 years when day and           month match.)</p> <p>      o   i.e., All criteria matches           except SSAN.</p>	<p>* For a description of the verification field values see Appendix A2.4, page 152 of MEDS User Manual</p> <p>3.   (a) Update the SSAN           verification field with a           value of .</p> <p>      (b) Create SSA name on x-ref file.</p> <p>      (c) Provide county welfare           department with listing           which indicates "Validated           with Discrepancies".</p> <p>4.   (a) Update the SSAN           verification field with a           value of .</p> <p>      (b) Change MEDS ID to SSA's SSAN.</p> <p>      (c) Create SSA name on x-ref file.</p> <p>      (d) provide CWD with listing           indicating "MEDS ID change".</p>

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## SSAN REFERRAL

## County Recipients

Condition	DHS Action
5.   o   County ID matches MEDS o   Name (Exact on first 6 letters of last name and first letter of first name) match. o   Year of birth within range (+ or - 2 years when day and month match.) o   i.e., All criteria matches except SSAN and exact date of birth.	5.   (a) Update the SSAN verification field with a value of . (b) Change MEDS ID to SSA's SSAN. (c) Create SSA name on x-ref file. (d) Update DOB on SSA name. (e) Provide CWD with listing indicating MEDS ID/BD change.
6.   o   Last six digits of serial number match o   SSAN matches MEDS o   Name (Exact on first 6 letters of last name and first letter of first name) match. o   Date of birth within range (+ or - 2 years when day and month match.)	6.   (a) Update SSAN verification field with a value of . (b) Provide CWD with listing indicating "validated."

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SSAN REFERRAL  
County Recipients

Condition	DHS Action
<ul style="list-style-type: none"><li>o i.e., All criteria matches except the 13 digit county ID.</li></ul>	

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F. Submitting Corrections

After distribution of the reports to the proper location within the county, processing should be as follows:

- o Check each dual line entry to identify the discrepant item(s).
- o For any difference (name, sex, date of birth, or SSAN), contact the recipient to determine if he/she concurs with the SSA information.
- o If he/she concurs with the SSA information, sight verify the appropriate documents and submit a change/correction through normal MEDS channels. Make appropriate changes to county files and records. Consider whether the changes justify referral to the county Fraud Investigation Unit.
- o If the recipient does not concur with the SSA information, refer the recipient to SSA with another MC 194. This form should (1) contain both the state and SSA data for each discrepant item, and (2) indicate that it is a second referral based on refusal of the recipient to accept the SSA data record which was created when the individual was previously referred to SSA. Before this final referral, the county must emphasize to the recipient the need to provide convincing proof of the specific data items in question to SSA.

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When SSA returns the MC 194 to the county for a recipient that has been referred to SSA a second time, one or more of the following items will be indicated:

1. SSA is revising its record to match the state record for each discrepant item. In this event, no county action is necessary.
2. SSA is not revising its record for at least one item, but may be revising other items. In this event, counties should investigate further, via recipient contact and/or fraud referral. This investigation should result in either:
  - a. A change in state and county files and records, and possible fraud action if the findings support the SSA data record, or
  - b. Discussion of the findings with SSA to resolve any discrepancy between the SSA and state records.

REPORT NO  
5.1.1.1

REPORT DATE  
11/01/83

.....TITLE.....  
COUNTY ELIGIBILITY WORKER ALERT

.....COUNTY.....  
ALPINE

DISTRICT WORKER

## МЭХИДОН

## МЭХИДОН

\*\*\* DENOTES NO MEDI CAL ID CARD ISSUED

CASE NAME	TRANS	DATE	DATA FIELD.....	DATA FIELD CONTENTS.....	MESSAGE.....	STATUS..
PERSON NAME NEW P/P			TARGET			
BIRTHDATE				09/09/960		
COUNTY ID				02-3 -1540000-0-01		
MEDS ID				154-01-0000		
5510	10/31/83	0140 BIRTHDATE	09/09/960		0000	SSA REFERRAL BIRTHDATE
		0205 COUNTY CASE NO	1540000001			DID NOT MATCH MEDS
						REJECT
10/31/83		0140 BIRTHDATE	09/09/950			
		0205 COUNTY CASE NO	1540000001			

APPENDIX B

Instructions to CWD: Please complete Part I. Retain original for your records; copy for recipient/SSA.

Instructions to Recipients: Read the back of this form. Take the necessary documentation to the Social Security Administration Office listed below in Part I. (B).

Instructions to SSA: This form is a request for the action noted in Part I. (C). Please complete Part II. of this form and distribute as noted in Part I. (E). If you have any questions, the eligibility worker's name and phone number are provided.

## I. TO BE COMPLETED BY THE COUNTY WELFARE DEPARTMENT

A. Please enter the complete county welfare office name and address within the brackets provided.

TO:

### B. Client's Social Security Office

Name of SSA District/Regional Office

Address (Number and Street)

City

State

Zip Code

### D. County Information

Recipient's Name (Last, First, MI)

Birthdate (Month/Day/Year)

Sex (M or F)

Recipient's Case Number (Full 14 Digits)

Case Name

C. The bearer of this form is an applicant for, or recipient of, Medical or AFDC. The following service is required.

☐ Original SSN Card

☐ Duplicate SSN Card SSN No. \_\_\_\_\_

☐ Correction of Information on the SSN SSN No. \_\_\_\_\_

### E. CWD Information

Name of Eligibility Worker

Date Form Completed

E.W. Initials

E.W. Phone No.

SSA, After Completion:

☐ Mail this form to the county welfare office

☐ Return this form to the recipient to be returned to CWD

## II. TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION DISTRICT/REGIONAL OFFICE

A. Date Received

C. Comments

B. Result of Referral:

☐ 1. Recipient has completed an SSN application (including Form SS-5 and other proofs) and application is being processed.

☐ 2. SSN application is not being processed. (Explain)

D. SSA Representative

Name:

Telephone No.

Signature:



DEPARTMENT OF HEALTH SERVICES - DATA SYSTEMS BRANCH

DATE: 08/12/82

REVISION:

五

SYSTEM/PROUJECT: SSN0002 / SSN VALIDATION

RECORD LAYOUT

FILE NAME &gt;&gt;&gt;&gt;&gt;&gt; SSN BALTIMORE RESPONSE

**ORIGINATOR:**

**REVIEWER:**

**SOURCE PROGRAM: SSND40**

SHIRLEE CISNEROS

JAN YOKOI

SSND40

001	002	003	004	005	006	007	008	009	010	011	012	013	014	015	016	017	018	019	020	021	022	023	024	025	026	027	028	029	030	031	032	033	034	035	036	037	038	039	040	041	042	043	044	045	046	047	048	049	050																																		
STATE CODE		COUNTRY CODE		AID OF TWOZ		NUMBER C A S E		F B I		NAMES		AID OF DZHS		FILLER																A L L E G E D S S N																S U R N A M E																CONT >																					
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REFERENCE NUMBER		BENEFICIARY ID		FILLER		AID OF DZHS		F B I		NAMES		AID OF TWOZ		FILLER																A L L E G E D S S N																S U R N A M E																CONT >																					

[illegible]

VALIDATION CODE: 69-250

N = NO (ALLEGED SSN HAS NOT BEEN VERIFIED)

V = YES (ALLEGED SSN HAS BEEN VERIFIED)

SEX CODE: 300 X35

M = MALE

F = FEMALE

U = UNKNOWN

MODE: BINARY - B

**LABELS: STANDARD**

RECORD FORMAT: FIXED - F



RECORD LENGTH:



PROGRAM: 55N040

PACKED - P

NON-STANDARD

VARIABLE

RECORDS PER BLOCK:

USE: INPUT

**BLOCK SIZE:**

OUTPUT

NOTE: ORIGINAL FILE HAD NO LABELS (OMITTED) AND A BLOCK SIZE OF

REPORT NO  
5.1.1.1

REPORT DATE  
11/01/03

COUNTY ELIGIBILITY WORKER ALERT

.....TITLE.....  
COUNTY ELIGIBILITY WORKER ALERT

.....COUNTY.....  
ALPINE

DISTRICT  
WORKER

\*\*\* DENOTES NO MEDI CAL ID CARD ISSUED

CASE NAME	PERSON NAME	PERSON P/P	TARGET	BIRTHDATE	COUNTY ID	MEDS ID
5530	10/31/03	0104	MEDS-ID	09/09/950	02-3	154-01-0001
5530	10/31/03	0106	SSAN-VER			
SOURCE	TRANS	DATE	DATA FIELD	DATA FIELD CONTENTS	MESSAGE	STATUS
					0011 SSA VALIDATION FAILED	ALERT